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7590 10/13/2004

LAFF WHITESEL CONTE & SARET LTD
401 NORTH MICHIGAN AVENUE
CHICAGO, IL 60611Michael Best & Friedrich LLP
incorporating,

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| | |
|--------------------------------------|--------------------|
| Elizabeth M. Campbell Tressler | (Depositor's name) |
| <i>Elizabeth M Campbell Tressler</i> | (Signature) |
| 11/12/04 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/428,508 | 10/27/1999 | GARRY CALLINAN | 1423-9 | 4751 |

TITLE OF INVENTION: RETAINING WALL SYSTEM

11/16/2004 MHEKONE1 00000124 09428508

01 FC:2501

685.00 OP

02 FC:8001

15.00 OP

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$685 | \$0 | \$685 | 01/13/2005 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------------------|----------|----------------|
| LAGMAN, FREDERICK LYNDON | 3673 | 405-284000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

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- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

MICHAEL BEST &
1 FRIEDRICH LLP
2
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ecoflex Australia Pty Limited

New Castle, NSW, Australia

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 5

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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Lisa C. ChildsDate 11/10/04Typed or printed name Lisa C. ChildsRegistration No. 39,937

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